

only one dissection of the lumbar vertebrae to convince one that the needle should be inclined inward and upward in only the slightest degree.

Had the author warned against the incision extending into the areolar tissue around the nipple, in treatment of abscess of the breast, many unsightly scars would have been prevented. Grasping the tip of the appendix with forceps, referred to on page 905, is a common and bad practice. We have seen cases where if the appendix had been grasped by forceps a clean operation would have been converted into a pus case, owing to the presence of a small abscess in the tip of the appendix. It is just as effective to grasp the meso-appendix at its free border close to the appendix.

The advice to "scour the breast and nipple" is very dangerous. There are too many young surgeons who scour the operative field. The process of scouring has caused many infections. Operative fields should be very gently cleansed, keeping in mind that harsh rubbing and stiff brushing rob the tissues of just the thing upon which we must depend, that is, their natural defense against the action of the bacteria that remain even after the best surgical cleansing. "Antimesenteric," page 910, and "undisarticulated," page 462, must be original with the author. They are very poor words. The author stated in the preface that he would give credit to those who worked out operations by mentioning their names when known. Evidently many have not come under his notice.

The many headings in such bold type may add to the value of the book, but they tend to produce a newspaper effect. The chapter on bone grafting is treated in too little detail. We should like to know how the author "sterilizes collodion." One might as appropriately speak of sterilized iodine. The surgery of the brain and that of the abdomen are very well written. These articles alone would make the book a commendable one. The composition of the book reveals much intelligent and painstaking effort. With its up-to-date effect, and concise explanation of facts, it should be in every surgical library. The work includes all surgery of the body from the eyes and ears to that of the feet. This, to be sure, makes details impossible, and causes many fields to be briefly treated, yet the author's tact has made it possible for him to express valuable ideas on all subjects.

The criticisms we have made are fewer than might be made of any volume of this kind that we have read. We think this is the best one-volume operative surgery to be obtained. H. E. C.

Facial Spasm and Tic, Diagnosis and Treatment.

Monthly Cyclopaedia, January, 1910. Tom A. Williams, M. B., C. M. (Edinr.), Washington, D. C.

This is a practical paper pointing out when surgery should and when it should not be used in "spasmodic" disorders of the face and neck. The author explains why torticollis has been the despair of the surgeon. It is because the great majority of these cases are purely psychogenetic. Cases of his own and of others are reported in illustration. The mode of genesis of the affection, the diagnostic differential, are indicated, and finally the psychotherapeutics required is alluded to. The principal criteria are in the form of a table which follows:

Spasm—Sudden, resembling electrical stimulation. Rhythmic and synchronous, or in lightning waves of same movement. Muscles often enfeebled. Exaggeration of reflex concerned only. Distribution of peripheral nerve. Often painful, always distressing, no craving. Persists in and may interrupt sleep. Purposeless. Irreproducible voluntarily, unmodified by volition or emotion. Various etiology, but gen-

erally peripheral irritation, e. g., trigeminal neuralgia (which is not a true tic).

Tic—Brusque and brief, slower. In volleys of similar movement repeatedly. When tonic distinguished from stereotyped act by absence of catatonic aptitude. No weakness, often hypertrophy. Reflexes normal. Locality condition by an idea. Painless. Tic disappears in sleep. Pseudo-co-ordinate, intentional act. Influenced by emotion or volition, but impulsive and followed by satisfaction, always arrestible (leaving no trace) by a subterfuge, a neutralizing act inefficacious mechanically or physiologically but effective psychically; also variously by solitude, distraction, position, etc. Psychasthenic character. Similar heredity, but always first generated by a determining stimulus; it is the sequel to the unhindered repetition of a once voluntary purposive act, becoming an impulsive obsession.

Chorea—Still slower. Irregular, not synchronous. Extreme variability in movement with tendency to unilaterality. Myasthenia, hypotonia. Reflexes often modified. Laterality. Sometimes painful. Sleep interfered with. Purposeless. Incontrollable by will, aggravated by emotion. Acute rheumatic diathesis, probably bacterial. No similar heredity.

Cerebellar and rubro-spinal tremor—Not sudden, but regular and increasing by movement. Similar oscillations. Myasthenia, hypotonia, or the reverse. Reflexes increased. Laterality or not. Never painful. Disappears in sleep. Purposeless. Cease at rest. Various, neoplasm.

In conclusion, some cases of hysterical origin are cited which exemplify the need (elsewhere discussed at length by the writer) Arch. of Diagnosis, Jan., 1909 of distinguishing between that psycho-neurosis (which is only occasionally the cause of tic), and the much more frequent affection, the psychasthenia of Janet, which is by far the commonest cause of the spasmoid movements or attitudes to which the term tic should be confined. The outstanding feature of these cases is the psychological abnormalities revealed by a skillful anamnesis. These may reach the point of angoisse when determined voluntary efforts are made to suppress the tic; but as Meige has shown, skillful psycho-motor discipline can practically eventually remove even the most obstinate tics.

A Practical Treatise on Ophthalmology. By L. Webster Fox, M. D., LL. D. Professor of Ophthalmology in the Medico-Chirurgical College; Ophthalmic Surgeon in the Medico-Chirurgical Hospital, Philadelphia, Pa., Member of the Army Reserve Medical Corps, etc. With Six Colored Plates and Three Hundred Illustrations in Text. Publisher, D. Appleton & Co., New York and London; 1910.

Beginning with a short but comprehensive chapter on the development of the eye, the author reviews the anatomy and external examination in a clear and lucid manner.

The diseases of the eyelids occupy fifty pages odd and practically every interesting condition is illustrated by an original drawing of one of the author's own cases. It is interesting and refreshing to have a text-book which is really personal and human, an individual's experience and recommendations, not a rehash of former methods. The operations are described following each condition, which imparts to the work an added value from a coherent standpoint.

The extirpation of the lachrymal sac is thoroughly described and well illustrated. Fuch's method is recommended, and in that I heartily concur. While an assistant at Professor Fuch's clinic in Vienna the extirpation of the lachrymal sac was practiced extensively, as the material was far too great to admit

of long continued probing. The operation is a most delicate one, but when the sac is really extirpated and not curetted the result is usually gratifying. Professor Silex of Berlin watched a number of such operations done by us and a few weeks later when I visited him at his clinic in Berlin I noticed that he was forced to curette instead of extirpating, showing how difficult this operation is and how carefully one should follow the directions.

The diseases of the conjunctiva are prefaced with a few paragraphs on the bacteriology, a most welcome innovation in our late text-books on ophthalmology.

Here, also, the operations follow and particularly is the pterygium procedure well shown and described. To digress I may say that the successful removal of pterygia taxes an ocular surgeon's skill, and it is here that the young practitioner is judged and not by the cataract extractions, which are few and very far between.

The Major Smith operation for cataract receives ample space, as do the most important procedures on the globe.

Refraction, the major part of the ophthalmologist's work, is well undertaken and sufficiently recent as to contain an illustration and explanation of the Sutcliffe Keratometer.

Fox devotes a chapter to the "Ocular Manifestations of General Diseases," and one to "The Pupil in Health and Disease—the Ocular Manifestations of Nervous Diseases." These are by no means exhaustive but the work is not a handbook, but a practical guide, as its name implies, for students and practitioners.

Of especial interest to me is the chapter on "Laboratory Technic," and I am familiar with no other book of like size containing same.

In resumé I wish to congratulate Fox on an addition to our books on Ophthalmology and D. Appleton & Company on their courage in publishing a work entailing the tremendous number of original illustrations.

I take pleasure in recommending this treatise to the profession and to my students at the University of California. W. S. F.

Physical Diagnosis. By John C. Da Costa, Jr., M. D. Publishers, W. B. Saunders Co., Philadelphia.

The preface sets forth the book's purpose, which is borne out by a review of the text. The author in this text meets the needs of junior students relative to "clinical anatomy and to the origin, mechanism and meaning of normal physical signs." The observer is encouraged to follow the research method in the study of thoracic and abdominal conditions. All available data is to be gathered both by direct examination and recognized instruments, together with laboratory methods, and conclusions arrived at by comparison and correlation of all data.

The text does not attempt to detail laboratory or X-ray technic, but states when such procedures are indicated.

The cuts, 212 in number, are simple and convey directly what it is intended to teach. A number of photographs from life are introduced. The sphygmomanometer and sphygmograph are illustrated in their use.

A pleasing historical review of auscultation and the stethoscope is introduced.

The description of each disease is prefaced by the clinical pathology which makes clear the reasons for the various physical diagnostic signs. The cuts illustrating the gross pathology are in black and white.

The section upon broncho-pulmonary disease is illustrated by a number of radiographs which are very clear.

Physical diagnosis of the cardio-vascular system is illustrated by a comparison of many pulse tracings

and many diagrammatic representations of the heart sounds.

In fact, the book is sufficiently elementary to meet the needs of junior students and to refresh the practitioner, and yet comprehensive enough to supplement texts upon medical and surgical diagnosis.

Francis Williams, M. D.

A Sidelight on the Syphilitic Actiology of Tabes. Trans. Am. Med. Assn., 1909. By J. J. Putnam, Boston. (Abstract by Dr. T. A. Williams, Washington, D. C.)

The writer has never seen a case where syphilitic infection, or at least illicit sexual intercourse, could be ruled out, nor a tabetic woman in whom the absence could be proved. Not only is fatigue, as invoked by Edinger, ineffacious, but it does not even determine the localization of the tabetic process; or a general fatigue, unattended by any obvious strain, even psychogenic in kind, may light up tabes of the lumbar roots; and there is no evidence to show that superior tabes is characteristic of the brain worker, or optic atrophy of those using their eyes excessively. He compares the cord degenerations with those in pernicious anemia, as in both the sensory system is most affected, and both begin with parasthetic symptoms. In a hundred cases of this kind he has not seen a single established syphilitic. The lesions of this disease are truly due to physiological disorder of the nervous elements by failure of nutrition. The morphological contrast is equally striking; for in tabes the changes are confined to the neural elements. They are secondary degenerations, whereas the cord in pernicious anemia presents masses of changed tissue related arterially, and not neuronically or functionally, and spreading laterally, not systematically. Indeed, actual cavities may occur in the disease when the process is rapid. Thus, as fatigue may be considered as playing a clear part in pernicious anemia, and the lesions of that and of tabes should resemble one another were the latter contributed to by fatigue. Hence we can conclude that there is an essential difference in the pathogeny of the two disorders.

PHYSICIANS' AID.

To the Secretary of each State and County Medical Society and Other Interested Members:

At the last meeting of the American Medical Association at Atlantic City the following report of Committee on Miscellaneous Business was adopted: "The Committee recommends that the President of this Association appoint a committee of five members to inquire into the desirability and practicability of the establishing under the auspices of the American Medical Association of a fund for the assistance of physicians disabled by sickness, and for a sanatorium for the treatment of such members of the Association as may be afflicted with tuberculosis or similar diseases; such committee to report to the House of Delegates at the next annual meeting of the Association."

As a basis for wise action the Committee urges that the officers of State and County Medical Societies, and others interested in the subject, should at the earliest possible date forward to the Secretary of the Committee, Dr. A. C. Magruder, Colorado Springs, Colorado, answers to the following queries, with some account of any special cases that seem to illustrate the need for provision for disabled members of our profession.

1. Is there any provision by your State Medical